	my ordered to mespectality in vices	to the Hematas Dolon, and	to ruse at piecesce as bec	FAI FEED ACT PERFORM
	ilth Departm			re
Permit No. 989	62-Office of Reg	istrat of Vital	Statistics. Wa	EXPONENTIAL PROPERTY AND ADDRESS AND ADDRE
The Physician who at to the Undertaker or othe requested so to do, under p	tended any person in a last illnes	s, is responsible for the presell, within twenty-our hours a	entition of this certificate, fiter the death of said deco	accordely filled one
C	RTIFICA	TE OF D	EATH.	19
Date of Death,	March 3	3/56 387	,	Comment
Full Name of Dece Sex, Male or Femal	eased, { Write legibly and spell correctly. If an Iniant not named, give names of parents. }	adam for	siph Telgh	kaupe
	Years,		the /	7
Color,		24000	110,	Day
Married, Single, W	idow or Widower, {Cross of required	out the words not)		/
	Mone (require	ed in this line.	1/	
	ountry, and how be United States, gn birth.	Pattimore	1/	
	nce in the City of Balti		V	
	e Street and Number.		ane	
Cause of Death, $\left\{egin{array}{l} { t F} \\ { t S} \end{array} ight.$	econd (Immediate),	ranction	reungits	-
Duration of Last S	sickness, Cornal and a should be furnished by the Physician.	ten do	up	
Place of Burial	of Alphonsin	olem.		
Date of Burial,	Mail 2 7 188	712/20	Sal The	
(Undertaker, A	Ginf & Jos	ng	Medical Atten	M. D.
Place of Business	915 XV. Gar	Et Address 9 3	13 n B	a wen

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to Li	ist of Diseases on Back of this Certificate.
Permit No. 989630ffice of Andrew State Sta	
The Physician who attended any persons of last illness, is responsible for the presenta to the Undertaker or other person superimending the bands, within Conty-jour Hours after requested so to do, under penalty of law. No Permit for hurian can be Optioned without a Proper	ation of this Certificate, accurately filled out the death of said deceased, or somet,
CERTIFICATE OF DI	EATH.
Date of Death, April 1 87	
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.	Ran
Sex, Male or Female, {Cross out the word not }	
Age, Months	, Days.
Color, What	
Married, Single, Widow or Widower, {Cross out the words not }	1/
Occupation,	
Birth Place, {State or country, and how long in the United States, for foreign birth.	
Duration of Residence in the City of Baltimore, 3/	art
Place of Death, {Give Street and } 1706 Sreemmoun	1 1100
Cause of Death, Second (Immediate) A avantage	
Duration of Last Sickness, 6 month. All the above information should be furnished by the Physician.	
Place of Burial, Battimen Cometing	
Date of Burial, 3 dynal 1887	Markey
(Undertaker, John & Thuk)	Medical American

Place of Business, 265' Murcuer Address,

Place of Business,

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.
Bealth Department, City of Baltimore.
Permit No. 01896 Toffice of Revision Dipos Statistics. Ward 5 4
The Physician who attended any person in a last three, is remonsible for the section of this Certificate, accurately filled out to the Undertaker or other person superintending the boral, within twenty-jour hours after the death of said deceased, or sooner, it requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, March Chril 1-1887
Full Name of Deceased, {Write legibly and spell or parties of part
Sex, Male or Female, {Cross out the word not }
Age, 36 - Years, Months, Days.
Color, Palared
Married, Single, Widow or Widower, {Cross out the words not }
Occupation, Masherman
Birth Place, State or country, and how long in the United States, of of foreign birth.
Duration of Residence in the City of Baltimore, World Ign 20 part
Place of Death, Give Street and 23 C. 13 18hill 87
Cause of Death, First (Primary), Phthisis Pulmonalis
Second (Immediate), Exhaustin
Duration of Last Sinkness, Wow 6 Wenths
Place of Burial, Contact & land
Date of Burial April 3 /87 & Jan
(Undertaker 11). 11. Mushout

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Permit No. 98965 office of Registrator Vilat Statistics. Ward
Permit No. 98965 Office of Registrary Vilat Statistics. Ward
The Physician who attended any person in a has illness in responsible for the presentation of this Conficate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the desired of said deceased, or
sooner, if requested so to do, under penalty of law. No Permit for Burial Can be Obtained without a Proper Certification
LIMON
CERTIFICATE OF DEATH
Date of Death, Opril 1 5t 1887
Full Name of Deceased, { Write legibly and speli correctly. If an Infant not named, give names } Geo. William Fins
Sex, Male or Female, {Cross out the word not required in this line.}
Age, / Months, /5 Days
Color, Months. 73 Days
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, Since built
Place of Death, {Give Street and } 1816 Frem mount av.
First (Primary),
Cause of Death, Second (Immediate), Subercular Meningetis
Duration of Last Sickness, 2 weeks and 2 days All the above information should be furnished by the Physician.
Place of Burial, Balto Come terry
Date of Burial, Opril 3 d & Edmund 6. Gibbs M. D.
(Undertaker, H.C. Wie defeld Medical Attendant.
Place of Business, 9,6 Green nt an Address, 43, 6. Towns end St.
Extract from Regulations of the Roand of Worlth to coourse full and convent record of the Witel Statistics in the

City of Baltimore.

The Special Attention of Physicians is Re	spectfully Invited to the R	emarks below, and to Li	ist of Diseases on back of t	his Certificate.
	epartment,	Pith of	Baltimore.	17
	ice of Registed			79
The Physician who attended any per to the Undertaker or other person superi	rson in a last illness, is res ntending the burial, within	has ble for the tresental twenty-four hours after	tion of this Certificate, acc the death of said deceased	urately filled out, i, or sooner, if
requested so to do, under penalty of law. No Permit For	BURIAL CAN BE CETAIN	ED WITHOUT A PROPE	R CERTIFICATE.	
CERT	IFICATE		EATH.	
Date of Death,	n	ech 31 .	27	
Full Name of Deceased, { Write correct not not not not not not not not not no	legibly and spell uly. If an Infant med, give names	M A.Bai	ey .	
Sex, Male or Female, Cross out t required in	he word not }			/
Age, /3	Zears,	Months	,	Days.
Color,	wh	NO N	1 /	
Martied, Single, Widow or W	dower, {Cross out the wor	ine		
Occupation,	Lob	ores	U	
Birth Place, State or country, and how long in the United States, if of foreign birth.	13	, city		
Duration of Residence in the	City of Baltimore	g, for the	wee built	L.
Place of Death, Give Street and	1013	Frems ?	h.	
First (Primary	Lyfok	Cold for	ver	
Cause of Death, Second (Imme	124	bew		
Duration of Last Sickness,	ned by the Physician.	aueres		
Place of Burial, Mann	Olived ,			E
Date of Burial, Spril	10882	MITPO		M. D.
J Undertaker, Lenner d	Tible		Medical Attendan	L
Place of Business, 115	sat of A	ddress, Tyo	Life	

Health Bepartment, City of Baltimore.
The Physician who attended any person in a last illness, is 10 to the presentation of this Certificate, accurately filled on to the Undertaker or other person superintending the build, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law. No Permit for Burial Can by Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Full Name of Deceased, {Write legibly and spell corrective. If an Infant not names of parents. {Cross out the word not } Fernale.
Dea, Marco or Periodoc, (required in this line.)
Age, Years, Months, Days.
Married, Single, Widow or Widower, {Cross out the words not } required in this line.
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, Life
Place of Death, {Give Street and } 1827. A over St.
Cause of Death, { First (Primary), Second (Immediate), Spanner
Duration of Last Sickness, Min Cl Contact All the above information should be furnished by the Physician.
Place of Burial, Western Clem A
Date of Burial 2 1867) Tames Allen y
J Undertaker, Les & Porome Commoff / sale 2 & Registre
Place of Business, Confident Address,
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.
SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

The Special Attention of Physicians	is Respectfully Invited to the Re	emarks below, and to	List of Diseases on back of	this Certificate
Health	Department,	City of	Baltimore	//
Permit No. 98968	Office of Registrat			//
	T FOR BURIAL AND OFFICE			ccurately filled on ed, or sooner, i
CER	TIFICATE	Otro	EATH.	
Date of Death,	1.87.	ORE	1	
Full Name of Deceased, {	Write legibly and spell correctly. If an Infant not named, give names of parents.	me day.	Omille.	•
Sex, Male or Female, { cross required.	s out the word not }			
	D. Years,	Month	8,	Days.
Color		······		
Married, Single, Widow o	r Widower, {Cross out the word	ls not }	4	
Occupation, DEN	er pa	1	A	
Birth Place, State or country, an long in the United if of foreign birth.		une/hi	9 - 1	/
Duration of Residence in	10-//	nize	rine	/
Place of Death, {Give Street an Number.	d} 10 Han	millon	ac v	/
cause of Death, \	imary), Onfi	tim kei	loca	
Duration of Last Sicknes All the above information abould be to		Mull	7	
Place of Burial Jan	el Center	V HALL)	
Date of Burial, Alex	329/8839	11/1000	Lumb .	
J Undertaker, Sand	W Chase	Me den	Medical Attenda	
Place of Business. 6%	1 Sofer and What	dross Def	& Then in	/

The Special Attention of Physicians	is Respectfully Invited to the Re	emarks below, and to	List of Diseases on back o	f this Certificate.
Health	Department,	City of	Baltimore	
Permit No. 98969	Office of Registra	r of Vital St	atistics. Ward	18-
The Physician who attended a to the Undertaker or other person s requested so to do, under penalty of No Permi	ny person in a last illness, is res	mitible for the presen	tation of this Certificate, or the death of said decea	accurately filled out, ised, or sooner, if
CER	TIFICATE	OF D	EATH.	W
Date of Death,	Aft Tor	1887		
Full Name of Deceased,	Write legibly and spell correctly. If an Infant not named, give names of parents.	ather	ue nos	low
Sex, Male or Female, { cross required.		<u>.</u>		
Age,	Years,	3 Month	8,	Days.
Color,	***************************************	w	nece ,	
Married, Single, Widow of	r Widower, {Cross out the word required in this list	ds not }		/
Occupation,	***	0	×	
Birth Place, State or country, and long in the United 8 if of foreign birth.	d how States,	/ Val	the wed	
Duration of Residence in		Tope	line	
Place of Death, Give Street an Number.	d}	LOG V	Cacho	en pr
Cause of Death. First (Pri		Marax	· · · ·	
Duration of Last Sicknes All the above information should be f	urnished by the Physician.	Ou	Mould	3
Place of Burial, St 3		7		
Date of Burial, Afin	23	4	02-1	

M. D.

he Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certifica	ić.
Bealth Department, Ditty of Baltimore.	
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner,	out,
equested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.	
CERTIFICATE OF DEATH	
Date of Death, March 37488	
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.	
Male or Female, { cross out the word not }	
Age, O Years, Years, Months, Day	/8.
Color, COUNTRA	
Married, Single, Widow or Widower, {Cross out the words not } required in this line.	
Occupation,	
Birth Place, {State or country, and how long in the United States, if of foreign birth.	
Duration of Residence in the City of Baltimore, 20 (Lans	
Place of Death, {Give Street and } 640 Chesnutt alley	
Cause of Death, { First (Primary), Surcely ses. Second (Immediate), Exhaustion	
All the above information should be interested by the Physician.	
Place of Burial, I Pelers Vernel	
Date of Burial Cefel 3 4/884) Jane & Stend M.	T
Undertaker, Hohn M Owers	U.

Place of Business, 172 Pearl Haddress,

Place of Business,

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to Li	st of Diseases on Back of this Certificate.
Permit No. 2897 Office of Registrar of State State The Physician who attended any person in a last filmess, is responsible for the presentation of the Undertaker or other person superintending the burial, within thenty-four hours after the requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper CERTIFICATE OF DE Date of Death, Write legibly and spell Correctly. If an Infant not named, give names of parents. Same Makes of Deceased, (Cross out the word not)	on of this Certificate, accurately filled out, the death of said deceased, or sooner, if CERTIFICATE.
Sex, Male or Female, {Cross out the word not } Age, Years, Months, Color, Color, Midow or Widower, {Cross out the words not } Married, Single, Widow or Widower, {Cross out the words not }	Days
Occupation, Birth Place, {State or country, and how long in the United States, for of foreign birth. Duration of Residence in the City of Baltimore, Place of Death, {Give Street and long long long long long long long long	md.
Duration of Last Sickness, All the above information fould be furnished by the Physician. Place of Burial, April 2 2 1888	Rickart

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Medical Attendant.